



FAA ACCIDENT / INCIDENT REPORT

1. ACCIDENT <input type="checkbox"/> INCIDENT <input type="checkbox"/>				2. AMENDED DATE MO <input type="text"/> <input type="text"/> DA <input type="text"/> <input type="text"/> YR <input type="text"/> <input type="text"/>			
3. DATE OF EVENT MO <input type="text"/> <input type="text"/> DA <input type="text"/> <input type="text"/> YR <input type="text"/> <input type="text"/>				13. AIRCRAFT		14. FAR PART NUMBER	
4. FAA OFFICE REGION <input type="text"/> <input type="text"/> OFFICE NUMBER <input type="text"/> <input type="text"/>				REGISTRATION		<input type="text"/> 91 <input type="text"/> 133	
5. NTSB ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				MAKE/MODEL		<input type="text"/> 103 <input type="text"/> 135 ON DEMAND	
6. LOCATION-CITY/STATE/ZIP				SERIAL NO.		<input type="text"/> 105 <input type="text"/> 135 COMMUTER	
7. OPERATOR NAME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				YEAR OF MANUFACTURE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> 121 <input type="text"/> 137	
8. AIRPORT (IF APPLICABLE) 3- OR 4- LETTER ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				TOTAL AIRFRAME HRS. (WHOLE HOURS) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		15. TYPE OF AIRCRAFT	
9. LOCAL TIME 24- HOUR CLOCK <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				AIRFRAME CYCLES (AIR CARRIER ONLY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		AIRPLANE	
10A. LATITUDE				16. POWER PLANT MAKE/MODEL/SERIES (IF APPLICABLE)		HELICOPTER	
10B. LONGITUDE				17. PROPELLER MAKE/MODEL/SERIES (IF APPLICABLE)		GLIDER	
11. AIRCRAFT DAMAGE				18. BIOHAZARD AREA YES <input type="checkbox"/> NO <input type="checkbox"/>		BALLOON	
NONE		YES <input type="checkbox"/> AIR <input type="checkbox"/>		19. TYPE OF LANDING GEAR		DIRIGIBLE	
MINOR		NO <input type="checkbox"/> GROUND <input type="checkbox"/>		CONVENTIONAL		SKIS	
SUBSTANTIAL		REGISTRATION NUMBER		TRICYCLE		AMPHIBIOUS	
DESTROYED		SECOND AIRCRAFT		FLOATS			
21. FACTORS - IDENTIFY PRIMARY FACTOR AS A. IDENTIFY SECONDARY FACTORS, IF ANY, AS X. CHECKING OF FACTORS IS THE OPINION OF THE INVESTIGATOR/INSPECTOR BASED ON THE INVESTIGATION.						22. TYPE OF OPERATIONS	
21A. TECHNICAL FACTORS				21B. OPERATIONAL FACTORS			
GEAR COLLAPSE		FIRE AFTER LANDING		FUEL DEPLETION		SABOTAGE	
GEAR UP LANDING		SYSTEM FAILURE		PILOT INDUCED		PILOT INCAPACITATED	
FIRE OR EXPLOSION		COMPONENT FAILURE		GROUND CREW		PILOT INCP. ALCOHOL	
FUEL CONTAMINATION		LOST POWER		OTHER THAN PILOT		DOWNWIND TAKEOFF	
BLADE/ROTOR FAILURE		FOD		PARACHUTE INCIDENT		CARBURETOR ICE	
DESIGN OF AIRCRAFT		AUTO/IMPROPER		OVER GROSS WEIGHT		HIT KNOWN OBJECT	
METAL FATIGUE		CORROSION		CG OUT OF LIMITS		EMERGENCY LANDING	
IMPROPER		INFLIGHT FIRE		STRUCK ANIMAL		HARD LANDING	
IMPROPER INSTALLATION		SMOKE/FUMES		BIRD STRIKE		OVERSHOT RUNWAY	
AD NON-COMPLIANCE		INFLIGHT BREAKUP		PAX DISTURBANCE		UNDERSHOT RUNWAY	
DECOMPRESSION		IMPROPER PART		STOLEN AIRCRAFT		LOSS OF CONTROL	
21F. ATA CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		OTHER		HIJACK		STALL/SPIN	
21C. PART NAME		21D. MANUFACTURER		21E. PART NUMBER		MISMANAGED GEAR	
23. WX. BRIEFING SOURCE				24. PRECIPITATION			
NOT APPLICABLE/NOT AVAILABLE		NOT APPLICABLE/NOT AVAILABLE		ABORTED TAKEOFF		MISMANAGED CONTROLS	
NATIONAL WEATHER SERVICE		RAIN		AIRFRAME ICE/FROST		WEATHER	
FLIGHT SERVICE STATION		HAIL		WAKE TURBULENCE		26. PHASE OF FLIGHT	
PATWAS		SLEET		CLIMB		GROUND	
VOICE RESP. SYSTEM		SNOW		LANDING		CRUISE	
COMPANY		FREEZING DRIZZLE				TAXI	
COMMERCIAL WX. SERVICE		FREEZING RAIN				DESCENT	
TV/RADIO WEATHER		DRIZZLE				OTHER	
MILITARY		OTHER					
COMPUTER BRIEFING							
25. WEATHER FACTORS				27. ACTUAL WEATHER			
NONE / NOT APPLICABLE		THUNDERSTORM		IMC <input type="checkbox"/> VMC <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/>		RUNWAY CONDITIONS	
HAZE		CROSSWIND		28.		NOT APPLICABLE <input type="checkbox"/>	
DUST		TURBULENCE/WINDSTORM		DRY		SNOW	
SMOKE		DENSITY ALTITUDE		WET		SLUSH	
FOG		LIGHTNING STRIKE		ICE		STANDING WATER	
BLOWING DUST		BLOWING SNOW					
BLOWING SMOKE		WHITE OUT					
ICING CONDITIONS		WIND SHEAR					
GUSTY WINDS		OTHER					

29. GENERAL AVIATION ACCIDENTS ONLY							30. EVACUATION OVERVIEW (AIR CARRIER ONLY)										
DID PILOT ATTEND SAFETY SEMINAR OR CLINIC WITHIN PAST 3 YEARS ?				YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>			EVACUATION INITIATED			EVACUATION INJURIES							
DID PILOT PARTICIPATE IN WINGS PROGRAM WITHIN PAST 3 YEARS ?				YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO							
DID PILOT ATTEND ANY OTHER RECURRENT TRAINING WITHIN THE PAST 3 YEARS ?				YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>													
31. PILOT INFORMATION NOT APPLICABLE <input type="checkbox"/>				CERTIFICATE TYPE			SECOND PILOT										
NAME				RECREATIONAL													
DATE OF BIRTH				STUDENT													
DATE HIRED (AIR CARRIER ONLY)				PRIVATE													
DOMICILE ZIP CODE				COMMERCIAL													
HOURS MAKE AND MODEL				FLIGHT INST.													
HOURS LAST 90 DAYS				ATP													
TOTAL HOURS				NON-PILOT													
CERTIFICATE NO.																	
REGULATORY CHECK RIDE																	
32. CORRECTIVE ACTION(S) PLANNED OR INITIATED										NONE <input type="checkbox"/> 44709 REXAM <input type="checkbox"/> EIR <input type="checkbox"/> SDR <input type="checkbox"/> COUNSELING <input type="checkbox"/> M or D <input type="checkbox"/> OTHER <input type="checkbox"/>							
33. NARRATIVE (ATTACH ADDITIONAL SHEETS AS NECESSARY) (ONLY STATE THE FACTS THAT ARE CAUSAL TO THE ACCIDENT/INCIDENT)																	
CONDUCT OF INVESTIGATION																	
34. NTSB PARTICIPATION ON-SCENE <input type="checkbox"/> LIMITED <input type="checkbox"/> 35. FAA PARTICIPATION ON-SCENE <input type="checkbox"/> NOT <input type="checkbox"/> SCENE NOT ACCESSIBLE <input type="checkbox"/>																	
36. FAA INITIAL NOTIFICATION						37. FSDO NOTIFICATION						38. FAA IIC ARRIVAL ON SCENE					
DATE AND LOCAL TIME						DATE AND LOCAL TIME						DATE AND LOCAL TIME					
MO DA YR						MO DA YR						MO DA YR					
24 - HOUR CLOCK						24 - HOUR CLOCK						24-HR CLOCK					
39. FAA HOURS USED FOR TOTAL INVESTIGATION						40. TOTAL HOURS USED AT ACCIDENT SCENE						41. TOTAL TRAVEL HOURS TO & FROM SCENE					
42. FAA NINE RESPONSIBILITIES																	
IDENTIFICATION OF RESPONSIBILITIES IS THE INVESTIGATORS OPINION BASED ON HIS/HER INVESTIGATION																	
1. FAA FACILITIES YES <input type="checkbox"/> NO <input type="checkbox"/>						4. AIRMAN/AIR AGENCY COMPETENCE YES <input type="checkbox"/> NO <input type="checkbox"/>						7. SECURITY YES <input type="checkbox"/> NO <input type="checkbox"/>					
2. NON FAA FACILITIES YES <input type="checkbox"/> NO <input type="checkbox"/>						5. FAR CHANGE NEEDED YES <input type="checkbox"/> NO <input type="checkbox"/>						8. AIRMAN MEDICAL QUALIF. YES <input type="checkbox"/> NO <input type="checkbox"/>					
3. AIRWORTHINESS YES <input type="checkbox"/> NO <input type="checkbox"/>						6. AIRPORT CERTIFICATION YES <input type="checkbox"/> NO <input type="checkbox"/>						9. FAR VIOALATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>					
43. BRIEF EXPLANATION OF ISSUES INVOLVED																	
44. FAA IIC NAME DATE REGION DISTRICT OFFICE																	

INSTRUCTIONS FOR ACCIDENT/INCIDENT REPORT

1. OCCURRENCE INFORMATION:

THIS FORM IS TO BE FILLED OUT FOR EACH ACCIDENT/INCIDENT AND FORWARDED TO THE REGIONAL FS DIVISION WITHIN 30 DAYS. REGIONAL FS DIVISION WILL FORWARD ORIGINAL FAA ACCIDENT/INCIDENT REPORT TO AFS-620 AND A COPY OF ACCIDENT REPORTS ONLY TO AAI-220.

2. AMENDED DATE:

FOR AMENDED REPORTS FILL IN ITEMS 1, 2, 3, 5, AND 13, REGISTRATION NUMBER ONLY, AND NEW OR CHANGED INFORMATION PERTAINING TO ACCIDENT INVESTIGATION.

3. DATE OF THE OCCURRENCE:

MONTH/DAY/YEAR.

4. FAA (INVESTIGATING OFFICE):

THE FIRST TWO BLOCKS ARE THE REGION. THE SECOND TWO BLOCKS ARE THE NUMERICAL I.D. OF THE FSDO, E.G., EA 21.

5. NTSB ID:

FOR ACCIDENTS ONLY AND SUPPLIED BY THE NTSB OFFICE WITH JURISDICTIONAL RESPONSIBILITY.

6. LOCATION :

CITY: NEAREST CITY OR TOWN.
STATE: 2 LETTER IDENTIFIER.
ZIP CODE: SELF- EXPLANATORY.

7. OPERATOR:

FOR AIR CARRIER OCCURRENCES ONLY. PROVIDE THE NAME OF THE OPERATOR THAT HAS OPERATIONAL CONTROL. THE 4-LETTER DESIGNATOR IS FROM PTRS.

8. AIRPORT:

NAME OF AIRPORT IF OCCURRENCE TOOK PLACE ON AN AIRPORT. AIRPORT DESIGNATOR ACCORDING TO ORDER 7310.1.

9. TIME:

LOCAL 24 HOUR CLOCK.

10. LATITUDE / LONGITUDE:

SELF-EXPLANATORY. ALASKA ACCIDENTS ONLY.

11. AIRCRAFT DAMAGE:

CHECK THE MOST SEVERE DAMAGE.

12. COLLISION:

MEANS TWO AIRCRAFT COLLIDED IN THE AIR OR ON THE GROUND. BOTH WERE FLYING OR HAD THE INTENT TO FLY. TWO FORMS REQUIRED IF BOTH AIRCRAFT WERE FLYING OR HAD THE INTENT TO FLY.

13. AIRCRAFT REGISTRATION NUMBER:

E.G. N1234M. MAKE/MODEL: MANUFACTURER/MODEL/SERIES, E.G., DC-9-10. SERIAL NUMBER: SELF EXPLANATORY. YEAR OF MANUFACTURE: E.G., 1994 AIRFRAME CYCLES, AIRFRAME HOURS SELF-EXPLANATORY.

14. FAR PART NUMBER:

CHECK THE REGULATION THAT THE AIRCRAFT WAS OPERATING UNDER. AN AIR CARRIER DOING POSITIONING, TRAINING, ETC., IS PART 91. PART 135 AIR TAXI OR AIR AMBULANCE IS PART 91 UNTIL PASSENGER PICKUP. MEDICAL PERSONNEL ARE CONSIDERED PART OF THE CREW.

15. TYPE OF AIRCRAFT:

SELF- EXPLANATORY (MORE THAN ONE MAY BE CHECKED).

16. POWERPLANT INFORMATION:

(ONLY IF CAUSAL TO THE ACCIDENT/INCIDENT):
LIST MAKE/MODEL/SERIES OF ENGINE.

17. PROPELLER INFORMATION :

(ONLY IF CAUSAL TO THE ACCIDENT/INCIDENT):
LIST MAKE/MODEL/SERIES OF PROPELLER.

18. BIOHAZARD AREA:

CHECK YES IF BODY FLUIDS WERE PRESENT. USE OR NONUSE OF PERSONAL PROTECTIVE EQUIPMENT DOES NOT AFFECT THIS QUESTION.

19. TYPE OF LANDING GEAR:

SELF -EXPLANATORY.

20. INJURY SUMMARY:

ENTER THE NUMBERS INVOLVED AND ACCOUNT FOR ALL ON BOARD THE AIRCRAFT, AND ACCOUNT FOR THE PERSONNEL INJURED THAT WERE NOT ON THE AIRCRAFT.

21. FACTORS:

CHECK THE PRIMARY FACTOR FROM EITHER TECHNICAL OR OPERATIONAL FACTORS BLOCK WHICHEVER IS MOST APPROPRIATE .

21A. TECHNICAL FACTORS:

CHECK APPLICABLE BOXES. MORE THAN ONE MAY BE CHECKED. THIS IS THE INSPECTOR/INVESTIGATOR OPINION BASED ON HIS/HER INVESTIGATION.

21B. OPERATIONAL FACTORS:

SAME AS 21A.

21C. PART NAME:

IDENTIFY THE PART NAME THAT FAILED OR IS SUSPECTED OF FAILURE BY THE PROPER NOMENCLATURE THAT IS DEPICTED IN THE MANUFACTURERS PARTS CATALOGUE.

21D. MANUFACTURER:

IDENTIFY THE MANUFACTURER OF THE PART, IF KNOWN.

21E. PART NUMBER:

IDENTIFY THE MANUFACTURER PART NUMBER. THIS WOULD BE THE SAME NUMBER NEEDED TO REQUISITION A REPLACEMENT PART.

21F. ATA CODE:

REFER TO THE CODE TABLE IN THE FLIGHT STANDARDS GUIDE TITLED: JOINT AIRCRAFT SYSTEM AND COMPONENT CODE TABLE AND DEFINITIONS DATED JANUARY 1996.

22. TYPE OF OPERATIONS:

CHECK APPROPRIATE BOXES.

23. WEATHER BRIEFING SOURCE:

SAME AS 21A.

24. PRECIPITATION:

SAME AS 21A.

25. WEATHER FACTORS:

SAME AS 21A.

26. PHASE OF FLIGHT:

WHERE ACCIDENT AND INCIDENT SEQUENCE STARTED.
CHECK APPLICABLE PHASE.

27. ACTUAL WEATHER CONDITIONS:

CHECK APPROPRIATE BOX.

28. RUNWAY CONDITIONS:

CHECK APPROPRIATE BOX.

29. GENERAL AVIATION ACCIDENTS ONLY:

SELF- EXPLANATORY.

30. EVACUATION OVERVIEW (AIR CARRIER ONLY):

EVACUATION INITIATED YES/NO.
INJURIES: CHECK YES IF INJURIES ATTRIBUTABLE TO EVACUATION.

31. PILOT INFORMATION:

SELF- EXPLANATORY. CHECK THE HIGHEST CERTIFICATE THAT THE PILOT HAS. PIC NAME NOT APPLICABLE IF THE PILOTS ACTIONS OR LACK OF ACTIONS DID NOT CONTRIBUTE TO THE ACCIDENT/INCIDENT. HOWEVER, FOR AIR CARRIER ACCIDENTS, PLEASE PROVIDE PIC DOB, HOURS MAKE AND MODEL, AND TOTAL HOURS.

32. CORRECTIVE ACTION:

SELF- EXPLANATORY.

33. NARRATIVE:

SELF- EXPLANATORY.

34. NTSB PARTICIPATION (ACCIDENT ONLY):

SELF- EXPLANATORY.

35. FAA PARTICIPATION:

SELF- EXPLANATORY. ON-SCENE CAN BE CHECKED IF THE INSPECTOR/ INVESTIGATOR PARTICIPATES IN THE INVESTIGATION BEYOND USE OF THE TELEPHONE, I.E., ENGINE TEARDOWN, INTERVIEW,OR WRECKAGE INVESTIGATION NOT AT THE SCENE OF THE ACCIDENT, ETC.

36. FAA INITIAL NOTIFICATION:

THIS IS THE TIME THE FIRST FAA PERSON WHO DISCOVERS OR IS NOTIFIED OF THE OCCURRENCE. THIS IS USUALLY AIR TRAFFIC.

37. FSDO NOTIFICATION:

THIS IS THE FIRST CALL THAT THE FSDO RECEIVES.

38. FAA IIC ARRIVAL ON SCENE:

SELF-EXPLANATORY.

39. FAA HOURS USED FOR TOTAL INVESTIGATION:

INCLUDES ON-SCENE, TRAVEL HOURS, AND NON-SCENE ACTIVITIES.
WHOLE HOURS ONLY.

40. TOTAL HOURS USED AT ACCIDENT/INCIDENT SCENE:

WHOLE HOURS ONLY.

41. TOTAL TRAVEL HOURS TO & FROM SCENE:

WHOLE HOURS ONLY.

42. FAA NINE RESPONSIBILITIES (ACCIDENT MANDATORY/INCIDENTS OPTIONAL):

CHECK WHICH OF THE AREAS OF RESPONSIBILITY WERE INVOLVED. THE DETERMINATION OF RESPONSIBILITIES IS THE OPINION OF THE INSPECTOR/ INVESTIGATOR BASED ON HIS/HER BACKGROUND, TRAINING, SKILL, AND EXPERIENCE. THE ANNOTATION OF ONE OR MORE RESPONSIBILITIES DOES NOT HAVE TO BE JUSTIFIED OR PROVEN. AN AIRMAN WHO MAKES A MISTAKE WHICH RESULTS IN AN ACCIDENT IS ANNOTATED UNDER AIRMAN/AIR AGENCY COMPETENCE. IT IS NOT NECESSARY TO SUBMIT AN EIR BECAUSE OF ANNOTATION OF VIOLATION.

43. BRIEF EXPLANATION OF ISSUES INVOLVED FOR EACH OF THE NINE RESPONSIBILITIES INVOLVED.

IF NONE INVOLVED, EXPLAIN WHY. SELF-EXPLANATORY.

44. FAA IIC NAME:

PRINT, SIGN, AND DATE.